



INAFA' MAOLEK CONCILIATION

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Service Request Form

Please print information. Thank you.

Date of referral _____/_____/_____

Name of Organization _____

Referring person _____ Position / Title _____

Contact # _____ Fax # _____ Email Address _____

Name of Disputant _____ Contact # _____

Name of Disputant _____ Contact # _____

Name of Disputant _____ Contact # _____

Name of Disputant _____ Contact # _____

Others harmed by action or involved in the conflict: Name, Position, and Contact Information:

SERVICE REQUESTED (Please check one):

_____ Mediation _____ Restorative Justice _____ Conflict Coaching

Describe the Conflict (please be as specific as possible):

What intervention or disciplinary action has been taken?

What outcomes are you seeking?

What are some of the possible consequences for the participants failing to fully participate in the process?

Are you prepared to accept the outcome? YES NO

Are you willing to participate or willing to enable your staff to participate in the process? YES NO